PTO/SB/82 (01-06)
Approved for use through 12/31/2008. OMB 0651-0035
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forms are submitted.

Application Number Filing Date First Named Inventor Art Unit Examiner Name	10./ 520,936	
	12 / 19 / 2005 Peter Moeller-Jensen, et al.	
	3767 Laura C. Schell	

I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith. OR 69289 I hereby appoint the practitioners associated with the Customer Number: Please change the correspondence address for the above-identified application to: The address associated with Customer Number: 69289 OR Firm or Individual Name Address State Zip City Country Telephone Email I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Name Peter Volkers. Vice President Legal Affairs, Coloplast A/S Telephone Date +45 4911 1613 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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